SEC Mail Processing Section

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

AUG 292008

FORM D

Nashington, DC NOTICE OF SALE OF SECURITIES PURSUANT TO RECULATION D

OMB Number: 3235-0076 Expires: Estimated average burden hours per response . . . 16.00 SEC USE ONLY Prefix Serial

DATE RECEIVED

| •      | TORSOANT TO RESCENTION 2,       |   |
|--------|---------------------------------|---|
|        | SECTION 4(6), AND/OR            | L |
| TIMILE | ODM I IMITED OFFEDING EXEMPTION |   |

| UNIFORM LIMITED OFFERING EXEM  | ITION  |
|--|--|
| Name of Offering (□ check if this is an amendment and name has changed, and indicate change.)                                      |  |
| Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506 ☐ Section 4(6)  Type of Filing: ☐ New Filing ☐ Amendment |  |
| A. BASIC IDENTIFICATION DATA   |  |
| Enter the information requested about the issuer   | 08058744 _   |
| Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.)  |  |
| Cocat Holdings, LLC  |  |
| Address of Executive Offices (Number and Street, City, State, Zip Co   | Telephone Number (including Area Code)                 |
| 1125 17 <sup>th</sup> Street, Suite 2260, Denver, CO 80202   | (303) 297-1701   |
| Address of Principal Business Operations (Number and Street, City, State, Zip Co   | Telephone Number (including Area Code)                 |
| Same as above.   | Same as above.   |
| Brief Description of Business  |  |
| Provider of property restoration services  |  |
|  | PROCESSES  |
| Type of Business Organization  | L KOCESSED   |
| □ corporation □ limited partnership, already formed □ other (p   | please specify) LLC                                    |
| ☐ business trust ☐ limited partnership, to be formed   | SEP 172008   |
| Month Year   |  |
| Actual or Estimated Date of Incorporation or Organization: 10 2006 Actual  | THOMSON REUTERS  |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:                       |  |
| CN for Canada; FN for other foreign jurisdiction)  | DÉ   |
| GENERAL INSTRUCTIONS   |  |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(b).        | O or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. |

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicted on the filing of a federal notice.

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

| Check Box(es) that Apply:                       | ☐ Promoter                            | ☐ Beneficial Owner           | E Executive Officer         | ☐ Director         | ☑ General and/or Managing Partner |
|---|---------------------------------------|------------------------------|-----------------------------|--------------------|-----------------------------------|
| Full Name (Last name first, i<br>Mike Bailey    | f individual)                         |                              |                             |                    |                                   |
| Business or Residence Addre                     |                                       |                              | )                           |                    |                                   |
| 2200 Ross Avenue, Su                            |                                       |                              | D.E                         | ☐ Director         | General and/or Managing Partner   |
| Check Box(es) that Apply:                       | □ Promoter                            | ☐ Beneficial Owner           | ☐ Executive Officer         |                    | E General and/or Managing Fartier |
| Full Name (Last name first, i Trevor Martin     | f individual)                         |                              |                             |                    |                                   |
| Business or Residence Addre                     | ss (Number and St                     | treet, City, State, Zip Code |                             |                    |                                   |
| 9227 E. Lincoln Ave,                            |                                       |                              |                             |                    |                                   |
| Check Box(es) that Apply:                       | ☐ Promoter                            | ☐ Beneficial Owner           | ☑ Executive Officer         | ☐ Director         | ☑ General and/or Managing Partner |
| Fuil Name (Last name first, i<br>Steve Sangalis | f individual)                         |                              |                             |                    |                                   |
| Business or Residence Addre                     | •                                     |                              | )                           |                    |                                   |
| 2200 Ross Avenue, Su                            | · · · · · · · · · · · · · · · · · · · |                              |                             |                    |                                   |
| Check Box(es) that Apply:                       | ☐ Promoter                            | ☐ Beneficial Owner           | ☐ Executive Officer         | ☐ Director         | ☐ General and/or Managing Partner |
| Full Name (Last name first, i                   | f individual)                         |                              |                             |                    |                                   |
| Business or Residence Addre                     | ss (Number and S                      | treet, City, State, Zip Code | )                           |                    |                                   |
| Check Box(es) that Apply:                       | ☐ Promoter                            | ☐ Beneficial Owner           | ☐ Executive Officer         | ☐ Director         | ☐ General and/or Managing Partner |
| Full Name (Last name first, i                   | f individual)                         |                              |                             |                    |                                   |
| Business or Residence Addre                     | ss (Number and S                      | treet, City, State, Zip Code | )                           |                    |                                   |
| Check Box(es) that Apply:                       | ☐ Promoter                            | ☐ Beneficial Owner           | ☐ Executive Officer         | ☐ Director         | ☐ General and/or Managing Partner |
| Full Name (Last name first, i                   | f individual)                         |                              |                             |                    |                                   |
| Business or Residence Addre                     | ess (Number and S                     | treet, City, State, Zip Code | )                           |                    |                                   |
| Check Box(es) that Apply:                       | ☐ Promoter                            | ☐ Beneficial Owner           | ☐ Executive Officer         | ☐ Director         | ☐ General and/or Managing Partner |
| Full Name (Last name first, i                   | f individual)                         |                              |                             |                    |                                   |
| Business or Residence Addre                     | ess (Number and S                     | treet, City, State, Zip Code | <u></u> )                   |                    |                                   |
|   | ,                                     |                              |                             |                    |                                   |
|   | - CI                                  | lea blank sheet, or conv and | use additional conies of th | ic cheet as necess | arv)                              |

| ļ      |   |                                      |   |   | В                                       | . INFORMA      | TION ABO                             | UT OFFERI                               | NG                                 |                                   |   |                    |               |
|--------|---|--------------------------------------|---|---|---|----------------|--------------------------------------|---|------------------------------------|-----------------------------------|---|--------------------|---------------|
| 1.     | Hac the is                              | sper sold                            | or does the                                       | issuer intend   | to sell, to no                          | n-accredited i | nvestors in th                       | is offering?                            |                                    |                                   |   |                    | Yes No<br>□ ⊠ |
| 1.     | Tias the is                             | 3461 3014                            | , or does me                                      | 133601 IIIICIIG                                       |   | also in Appen  |                                      |   |                                    |                                   |   |                    | r R           |
| 2.     | What is th                              | ıe minim                             | um investme                                       | ent that will be                                      |   |                |                                      |   |                                    |                                   |   | \$ 2,9             | 94.72         |
|        |   |                                      |   |   |   |                |                                      |   |                                    |                                   |   |                    | Yes No        |
|        | remunerat<br>agent of a<br>to be lister | ion for se<br>broker o<br>d are asse | olicitation of<br>or dealer regi<br>ociated perso | f purchasers in<br>stered with the<br>ons of such a l | n connection<br>te SEC and/or           | with sales of  | securities in t<br>or states, list t | the offering. I<br>the name of th       | f a person to l<br>ne broker or de | be listed is an<br>ealer. If more | mmission or<br>associated pe<br>than five (5) p | similar<br>rson or | <b>■</b>      |
|        | applical                                |                                      | irst, if indivi                                   | auai)   |   |                |                                      |   |                                    |                                   |   |                    |               |
|        |   |                                      | ddress (Nur                                       | nber and Stre   | et, City, State                         | , Zip Code)    |                                      |   |                                    |                                   |   |                    |               |
| Name   | e of Assoc                              | iated Bro                            | ker or Deale                                      | er  |   |                |                                      |   | <u></u>                            |                                   | · - · · · · · · · · · · · · · · · · · ·         |                    |               |
| State  | s in Which                              | Person !                             | Listed Has S                                      | olicited or Int                                       | ends to Solic                           | it Purchasers  |                                      |   |                                    |                                   |   |                    |               |
| (Chex  | ck "All Sta                             | ites" or c                           | heck individ                                      | ual States)   |   |                |                                      |   |                                    |                                   |   |                    | Ali States    |
| AL     |   | AK                                   | AZ  | AR  | CA                                      | CO             | СТ                                   | DE                                      | DC                                 | FL                                | GA  | HI_                | ID            |
| IL     |   | N                                    | IA  | KS  | KY                                      | LA             | ME                                   | MD                                      | MA                                 | MI                                | MN  | MS                 | МО            |
| MT     |   | NE                                   | NV  | NH  | NJ                                      | NM             | NY                                   | NC                                      | ND                                 | ОН                                | OK  | OR                 | PA            |
| RI     |   | SC                                   | SD  | TN  | TX                                      | UT             | VT                                   | VA                                      | WA                                 | wv                                | WI  | WY                 | PR            |
| Full 1 | Name (Las                               | t name fi                            | irst, if indivi                                   | dual)   |   |                |                                      |   |                                    |                                   |   | <del></del>        |               |
| Busin  | ness or Res                             | sidence A                            | Address (Nur                                      | nber and Stre   | et, City, State                         | e, Zip Code)   |                                      |   |                                    |                                   |   |                    |               |
| Name   | e of Assoc                              | iated Bro                            | oker or Deale                                     | :T  |   |                |                                      |   |                                    |                                   |   |                    |               |
| State  | s in Which                              | Person 1                             | Listed Has S                                      | olicited or Int                                       | tends to Solic                          | it Purchasers  |                                      |   | <u> </u>                           |                                   |   |                    |               |
| (Che   | ck "All Sta                             | ates" or c                           | heck individ                                      | ual States)   |   | •••••          |                                      | ****************                        |                                    |                                   |   |                    | All States    |
| AL     |   | AK                                   | AZ  | AR  | CA                                      | CO             | CT                                   | DE                                      | DC                                 | FL                                | GA  | HI                 | ID            |
| IL     |   | IN                                   | IA  | KS_   | KY                                      | LA             | ME                                   | MD                                      | MA                                 | · MI                              | MN  | MS                 | МО            |
| МТ     |   | NE                                   | NV  | NH  | NJ                                      | NM             | NY                                   | NC                                      | ND                                 | ОН                                | OK  | OR                 | PA            |
| RI     |   | sc                                   | SD  | TN  | TX                                      | UT             | VT                                   | VA                                      | WA                                 | wv_                               | WI  | WY                 | PR            |
| Full 1 | Name (Las                               | st name fi                           | irst, if indivi                                   | dual)   |   |                |                                      |   |                                    |                                   |   |                    |               |
| Busin  | ness or Res                             | sidence A                            | Address (Nur                                      | nber and Stre   | et, City, State                         | e, Zip Code)   |                                      |   |                                    | <del></del>                       |   |                    |               |
| Name   | e of Assoc                              | iated Bro                            | oker or Deale                                     | <br>er  |   |                |                                      |   |                                    |                                   |   |                    |               |
| State  | s in Which                              | Person                               | Listed Has S                                      | olicited or In  | tends to Solid                          | it Purchasers  |                                      |   |                                    |                                   |   |                    |               |
| (Che   | ck "All Sta                             | ates" or c                           | heck individ                                      | lual States)  | *************************************** | •••••          |                                      | *************************************** | ••••                               |                                   |   |                    | All States    |
| AL     |   | AK                                   | AZ  | AR  | CA                                      | CO             | СТ                                   | DE                                      | DC                                 | FL                                | GA  | HI                 | ID            |
| IL     |   | IN                                   | IA  | KS  | KY                                      | LA             | ME                                   | MD                                      | MA                                 | MI                                | MN  | MS                 | МО            |
| MT     |   | NE                                   | NV  | NH  | NJ                                      | NM             | NY                                   | NC                                      | ND                                 | ОН                                | OK  | OR                 | PA            |
| RI     |   | SC                                   | SD  | TN  | TX                                      | UT             | VT.                                  | VA                                      | WA                                 | WV                                | Wl  | WY                 | PR            |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Enter the aggregate offering price of securities included in this offering and the total amount

already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box G and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Offering Price Sold Type of Security Debt..... \$841,406.22 \$841,406.22 Equity ..... \$0 Common \$0 Convertible Securities (warrants) \$-0-\$-0-Partnership Interests \$-0-)...... \$-0-Other (Specify \_ Total ..... \$841,406.22 \$841,406.22 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or zero." Aggregate Number Dollar Amount of Purchases Investors \$841,406.22 15 Accredited Investors ..... -0--0-Non-accredited Investors Total (for filings under Rule 504 only)..... N/A N/A Answer also in Appendix Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offering of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C C Question 1. Type of Dollar Amount Security Sold Type of Offering N/A N/A Rule 505 ..... N/A \$ N/A Regulation A..... Rule 504 ..... N/A N/A \$ N/A N/A Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. \$ Transfer Agent's Fees..... Printing and Engraving Costs ..... X \$ 5,000 Legal Fees ..... Accounting Fees Engineering Fees

Sales Commissions (specify finders' fees separately).....

| Other Expenses (identify)  |   |                                | \$ 0   |
|--|---|--------------------------------|--|
| Total  |   | Х                              | \$ 836,406.22                                  |
|  | COTODO DADENICES AND LICE OF BROW                       | TERR                           | <u> </u>                                       |
| C. OFFERING PRICE, NUMBER OF INVI  | STORS, EXPENSES AND USE OF FROM                         | -EED3                          |  |
| b. Enter the difference between the aggregate offering price give<br>Question 1 and total expenses furnished in response to Part<br>difference is the "adjusted gross proceeds to the issuer."   | C C Question 4.a. This                                  |                                | \$ 836,406.22                                  |
| 5. Indicate below the amount of the adjusted gross proceed to the iss used for each of the purposes shown. If the amount for any purpo estimate and check the box to the left of the estimate. The total of equal the adjusted gross proceeds to the issuer set forth in responsabove. | se is not known, furnish an of the payments listed must |                                |  |
|  | Payments<br>Officers                                    |                                |  |
|  | Directors,<br>Affiliate                                 | &                              | Payments to<br>Others                          |
| Salaries and fees  | \$-0-   |                                | \$-0-  |
| Purchase of real estate  | \$-0-   |                                | \$-0-  |
| Purchase, rental or leasing and installation of machinery  |   |                                |  |
| and equipment  | \$-0-   |                                | \$-0-  |
| Construction or leasing of plant buildings and facilities  | \$-0-   |                                | \$-0-  |
| Acquisition of other businesses (including the value of securities involved offering that may be used in exchange for the assets or securities of another.   | in this   |                                |  |
| issuer pursuant to a merger)   |   |                                | \$-0-  |
| Repayment of indebtedness  |   |                                | <b>\$</b> -0-                                  |
| Working capital  |   | Х                              | \$ 836,406.22                                  |
| Other (specify):   |   | -                              | <b>+</b> ,                                     |
| CP   | · · · · · · · · · · · · · · · · · · ·                   |                                | • •  |
|  | \$-0-   |                                | \$-0-  |
| Column Totals  | \$-0-   |                                | \$-0-  |
| Total Payments Listed (column totals added)  |   | \$ 836,40                      | 06.22  |
| D FEDERA   | AL SIGNATURE  |                                |  |
|  |   |                                |  |
| he issuer has duly caused this notice to be signed by the undersigned duly onstitutes an undertaking by the issuer to furnish to the U.S. Securities imished by the issuer to any non-accredited investor pursuant to paragraph  | and Exchange Commission, upon written                   | er Rule 505,<br>request of its | the following signars<br>s staff, the informat |
| suer (Print or Type) Signature   | Date Date   |                                |  |
| Cocat Holdings, Inc. Muchan  | August 7  | <u>5</u> , 2008                |  |
| lame of Signer (Print or Type)  Title of Signer (Print or Type)  Vice President  | t or Type)  |                                | <del></del>                                    |

| E. | STATE | SIGNATURE |
|----|-------|-----------|

- 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification

  Yes No provisions of such rule?

  □ □
- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) Cocat Holdings, Inc. | Signature Mohally                    | Date<br>August <u>28</u> , 2008 |
|---|--------------------------------------|---------------------------------|
| Name (Print or Type) Mike Bailey            | Title (Print or Type) Vice President |                                 |

Instruction:

| Print the name and title of the signing representative under his signature for the state portion of this form. | One copy of    | every notice on  |
|--|----------------|------------------|
| Form D must be manually signed. Any copies not manually signed must be photocopies of the manually             | signed copy of | or bear typed or |
| printed signatures.  |                |                  |

| L     |   |                     |  | API                                  | PENDIX                                      |  |        |  |    |  |
|-------|---|---------------------|--|--------------------------------------|---|--|--------|--|----|--|
| 1     | 2   |                     | 3  | 4                                    |   |  |        | 5  |    |  |
|       | Intend to<br>non-acc<br>investors<br>(Part B- | redited<br>in State | Type of security and aggregate offering price offered in state (Part C-Item 1) |                                      | Type of invo<br>amount purcha<br>(Part C-It | sed in State                                 |        | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |    |  |
| State | Yes   | No                  |  | Number of<br>Accredited<br>Investors | Amount                                      | Number of<br>Non-<br>Accredited<br>Investors | Amount | Yes  | No |  |
| AL    |   |                     | N:<br>\$115,494.90<br>C: 0<br>W: 0   | 1                                    | \$115,494.90                                |  |        |  |    |  |
| AK    |   |                     |  |                                      |   |  |        |  |    |  |
| AZ    |   | -                   |  |                                      |   |  |        |  |    |  |
| AR    |   |                     |  |                                      |   |  |        |  |    |  |
| CA    |   |                     |  |                                      |   |  |        | ,  |    |  |
| со    |   |                     | N: \$16,426.92<br>C: 0<br>W: 0   | 1                                    | \$16,426.92                                 |  |        |  |    |  |
| СТ    |   |                     |  |                                      |   |  |        |  |    |  |
| DE    |   |                     |  |                                      |   |  |        |  |    |  |
| DC    |   |                     |  |                                      |   |  |        |  |    |  |
| FL    |   |                     |  |                                      |   |  |        |  |    |  |
| GA    |   |                     | N: \$75,000.12<br>C: 0<br>W: 0   | 1                                    | \$75,000.12                                 |  |        |  |    |  |
| HI    |   |                     |  |                                      |   |  |        |  |    |  |
| ID    |   |                     |  |                                      |   |  |        |  |    |  |
| IL    |   |                     | N: \$25,003.71<br>C: 0<br>W: 0   | 1                                    | \$25,003.71                                 |  |        |  |    |  |
| IN    |   |                     |  |                                      |   |  |        |  |    |  |
| IA    |   |                     |  |                                      |   |  |        |  |    |  |
| KS    |   |                     |  |                                      |   |  |        |  |    |  |
| KY    |   |                     |  |                                      |   |  |        |  |    |  |
| LA    |   |                     |  |                                      |   |  |        |  |    |  |
| ME    |   |                     |  |                                      |   |  |        |  |    |  |
| MD    |   | -                   |  |                                      |   |  |        |  |    |  |
| MA    |   |                     |  |                                      |   |  |        |  |    |  |
| MN    |   |                     |  |                                      |   |  |        |  |    |  |

|       |   |                     |  | AP                                   | PENDIX                                     |  |         |   |     |  |
|-------|---|---------------------|--|--------------------------------------|--|--|---------|---|-----|--|
| 1     | 2   |                     | 3  | 4                                    |  |  |         | 5   |     |  |
|       | Intend to<br>non-acc<br>investors<br>(Part B- | redited<br>in State | Type of security and aggregate offering price offered in state (Part C-Item 1) |                                      | Type of invo<br>amount purcha<br>(Part C-I | sed in State                                 |         | Disqualification<br>under State ULOE<br>(if yes, attach<br>explanation of<br>waiver granted)<br>(Part E-Item 1) |     |  |
| State | Yes   | No                  |  | Number of<br>Accredited<br>Investors | Amount                                     | Number of<br>Non-<br>Accredited<br>Investors | Amount  | Yes   | No  |  |
| MS    | 163   | 140                 |  | Investors                            | Amount                                     | Investors                                    | Athount | 103   | 1.0 |  |
| МО    |   |                     |  |                                      |  |  |         |   |     |  |
| MT    | -   |                     |  |                                      |  |  |         |   |     |  |
| NE    |   |                     |  |                                      |  |  |         |   |     |  |
| NV    |   |                     | N: \$49,996.41<br>C: 0<br>W: 0   | 1                                    | \$49,996.41                                |  |         |   |     |  |
| NH    |   | -                   |  |                                      |  |  |         |   |     |  |
| NJ    |   |                     |  |                                      |  |  |         |   |     |  |
| NM    |   |                     |  |                                      |  |  |         |   | !   |  |
| NY    |   |                     |  |                                      |  |  |         |   |     |  |
| NC    |   |                     |  |                                      |  |  |         |   |     |  |
| ND    |   |                     |  |                                      |  |  |         |   |     |  |
| ОН    |   |                     |  |                                      |  |  |         |   |     |  |
| OK    |   |                     |  |                                      |  |  |         |   |     |  |
| OR    |   |                     |  |                                      |  |  |         |   |     |  |
| PA    |   |                     |  |                                      |  |  |         |   |     |  |
| RI    |   |                     |  |                                      |  |  |         |   | :   |  |
| SC    |   |                     |  |                                      |  |  |         |   |     |  |
| SD    |   |                     |  |                                      |  |  |         |   |     |  |
| TN    |   |                     |  |                                      |  |  |         |   |     |  |
| TX    |   |                     | N:<br>\$559,484.16<br>C: \$<br>W: 0  | 10                                   | \$559,484.16                               |  |         |   |     |  |
| UT    |   |                     |  |                                      |  |  |         |   |     |  |
| VT    |   |                     |  |                                      |  |  |         |   |     |  |
| VA    |   |                     |  |                                      |  |  |         |   |     |  |
| WA    |   |                     |  |                                      |  |  |         |   |     |  |
| wv    |   |                     |  |                                      |  |  |         |   |     |  |
| WI    |   |                     |  |                                      |  |  |         |   |     |  |

|       |        |  |  | APP                                  | ENDIX  |  |        |     |  |
|-------|--------|--|--|--------------------------------------|--|--|--------|-----|--|
| 1     | 2      |  | 3  | 4                                    |  |  |        | 5   |  |
|       | non-ac | to sell to<br>credited<br>s in State<br>-Item 1) | Type of<br>security and<br>aggregate<br>offering price<br>offered in state<br>(Part C-Item |                                      | Type of investor and amount purchased in State (Part C-Item 2) |  |        |     | ification nte ULOE , attach ation of granted) -Item 1) |
| State | Yes    | No   | -,   | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-<br>Accredited<br>Investors | Amount | Yes | No   |
| WY    |        |  |  |                                      |  |  |        |     |  |
| PR    |        |  |  |                                      |  |  |        |     |  |

